

CHAPTER 11
SECTION 14.1
ENCLOSURE 1

REQUEST FOR CONTRACTOR CUSTOMIZATION OF TRICARE CLAIMCHECK

Request for Contractor Customization of TRICARE Claimcheck	
DATE:	_____
CONTRACTOR:	_____
REGION(S):	_____
NAME OF PERSON RECOMMENDING CHANGE:	_____
TELEPHONE NUMBER:	_____
VERSION OF TRICARE CLAIMCHECK BEING USED:	_____
DESCRIPTION/JUSTIFICATION FOR ADDITIONAL CUSTOMIZATION:	_____

PROPOSED EFFECTIVE DATE:	_____
NAME OF PERSON MAKING CHANGE:	_____
TELEPHONE NUMBER:	_____
PERSON TO CONTACT FOR QUESTIONS:	_____
TELEPHONE NUMBER:	_____
OCHAMPUS APPROVAL:	
PDD _____	CMA _____
APPROVAL EFFECTIVE DATE:	_____
Send to:	Program Development Branch OCHAMPUS Aurora, CO 80045 FAX: (303) 361-1179

OCHAMPUS Form 813
SEPTEMBER 1996

General

This form is to be completed whenever a need for customization of TRICARE Claimcheck is identified. It most often will be used when a need for immediate customization of TRICARE Claimcheck has been identified. It is intended to facilitate that customization and to ensure the customization performed by a contractor is uniform among all contractors.

This form can be used either by a Contractor or by OCHAMPUS. If a contractor identifies a need for customization, they are to complete this form and send it to the address at the bottom of the form. If the need for the customization is urgent and OCHAMPUS approves it, the form will be returned (with OCHAMPUS approval shown) to all the contractors with instructions to proceed. If OCHAMPUS identifies the need for customization, this form will be sent to the contractors with implementing instructions.

In all cases, this form will be sent to the contractor from the OCHAMPUS Contract Administration Branch A (CMA). Implementing instructions (to include dates, costs, etc.) will be provided by CMA.

Line-by-Line Instructions

DATE: The date this form is completed.

CONTRACTOR: The name of the contractor.

REGION(S): The DoD Health Service Region(s) served by the contractor.

NAME OF PERSON RECOMMENDING CHANGE: The OCHAMPUS or contractor person who identified the need for the change.

TELEPHONE NUMBER: The telephone number where the person can be reached.

VERSION OF TRICARE CLAIMCHECK BEING USED: The database and version number (as designated by GMIS) of TRICARE Claimcheck which the contractor is currently using (e.g., Version 4.16).

DESCRIPTION/JUSTIFICATION FOR

ADDITIONAL CUSTOMIZATION:

Describe exactly what needs to be customized and why. This should include a statement about the urgency of the need--i.e., some claims cannot be processed or will be processed incorrectly until the customization is done so it should be done as quickly as possible, or the need for customization does not have an immediate impact on claims processing and the customization can be included in the next routine annual customization.

PROPOSED EFFECTIVE DATE: If the contractor or OCHAMPUS has a date they would like the customization to be effective, it should be entered here.

NAME OF PERSON MAKING CHANGE: The contractor's technical person actually responsible for making the programming changes for the customization. This is needed for coordination with GMIS technical staff.

TELEPHONE NUMBER: The telephone number where the contractor's technical person can be reached.

PERSON TO CONTACT FOR QUESTIONS: The contractor's staff person who can answer general policy (non-ADP) questions regarding the customization. This may be a contracting person, a "claims" person, etc.

TELEPHONE NUMBER: The telephone number where the contractor's staff person can be reached.

CHAMPUS APPROVAL:

PDD: When the customization request has been approved, the Chief, Program Development Branch, will sign here.

CMA: When the customization request has been approved, the Chief, Contract Administration Branch A, will sign here.

APPROVED EFFECTIVE DATE: The date the customization change is to become effective, as agreed to by OCHAMPUS and the contractor(s).